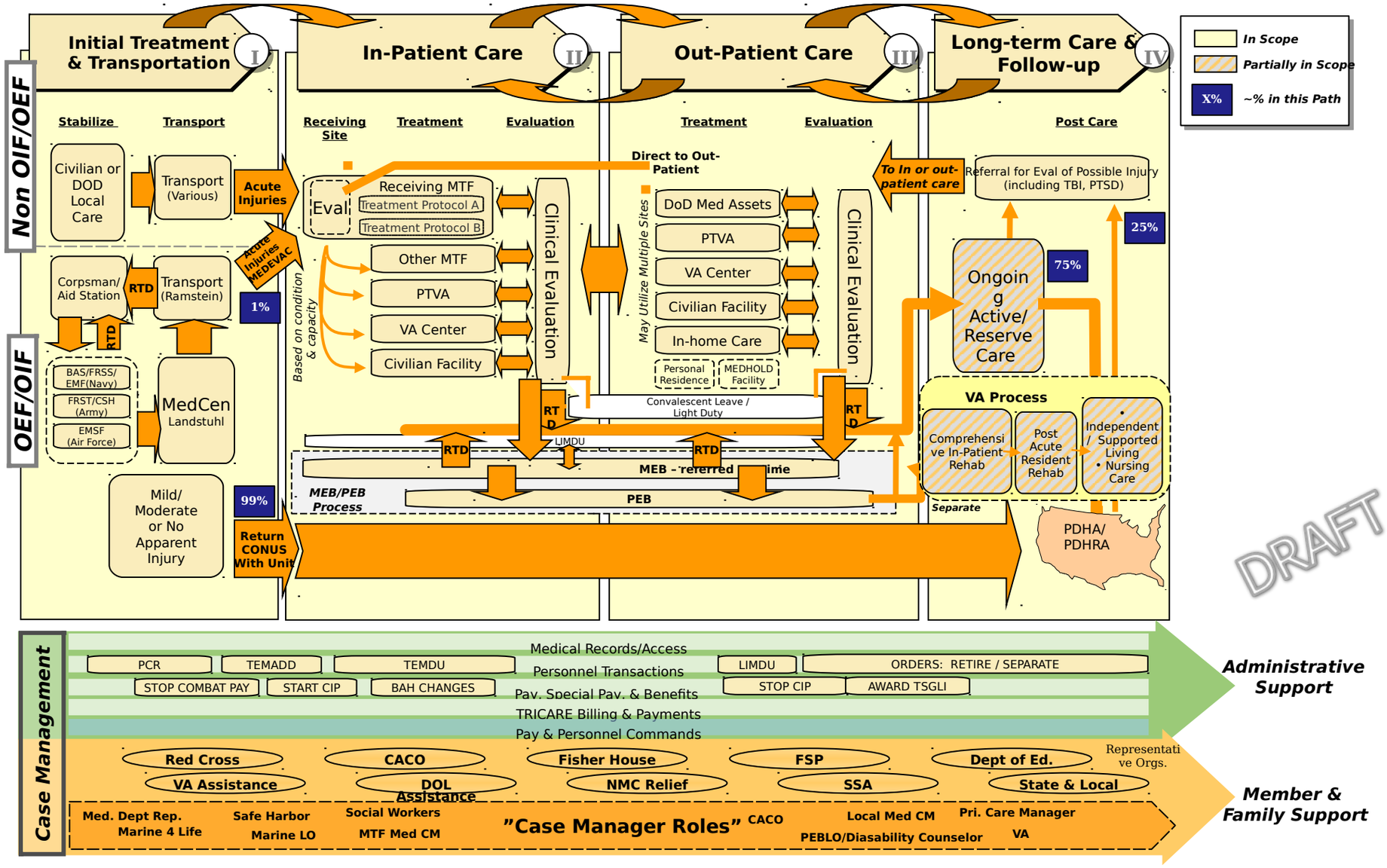
DON Comprehensive Casualty Care



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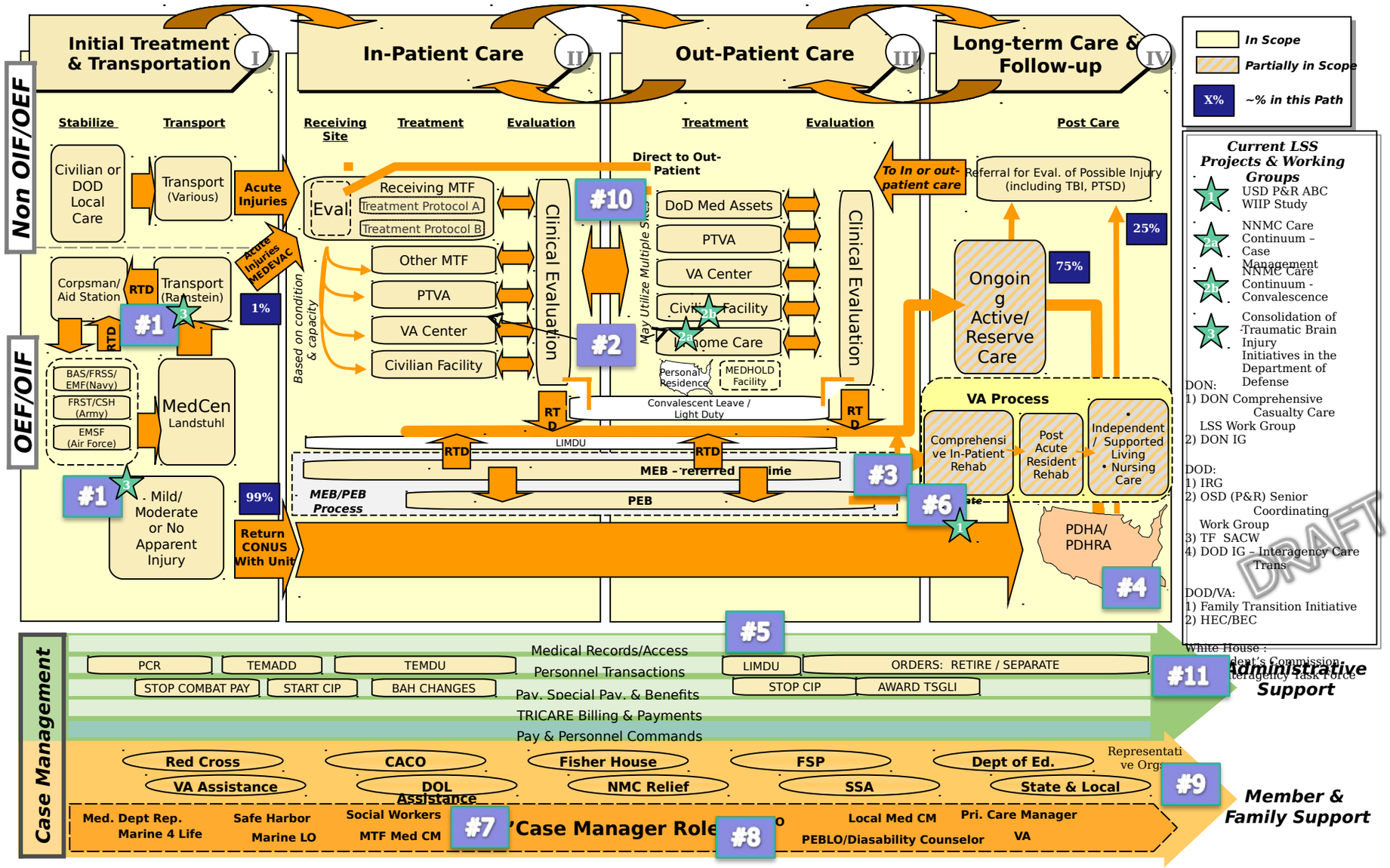
Version: 042507A

DON Comprehensive Casualty Care – Priority Issues

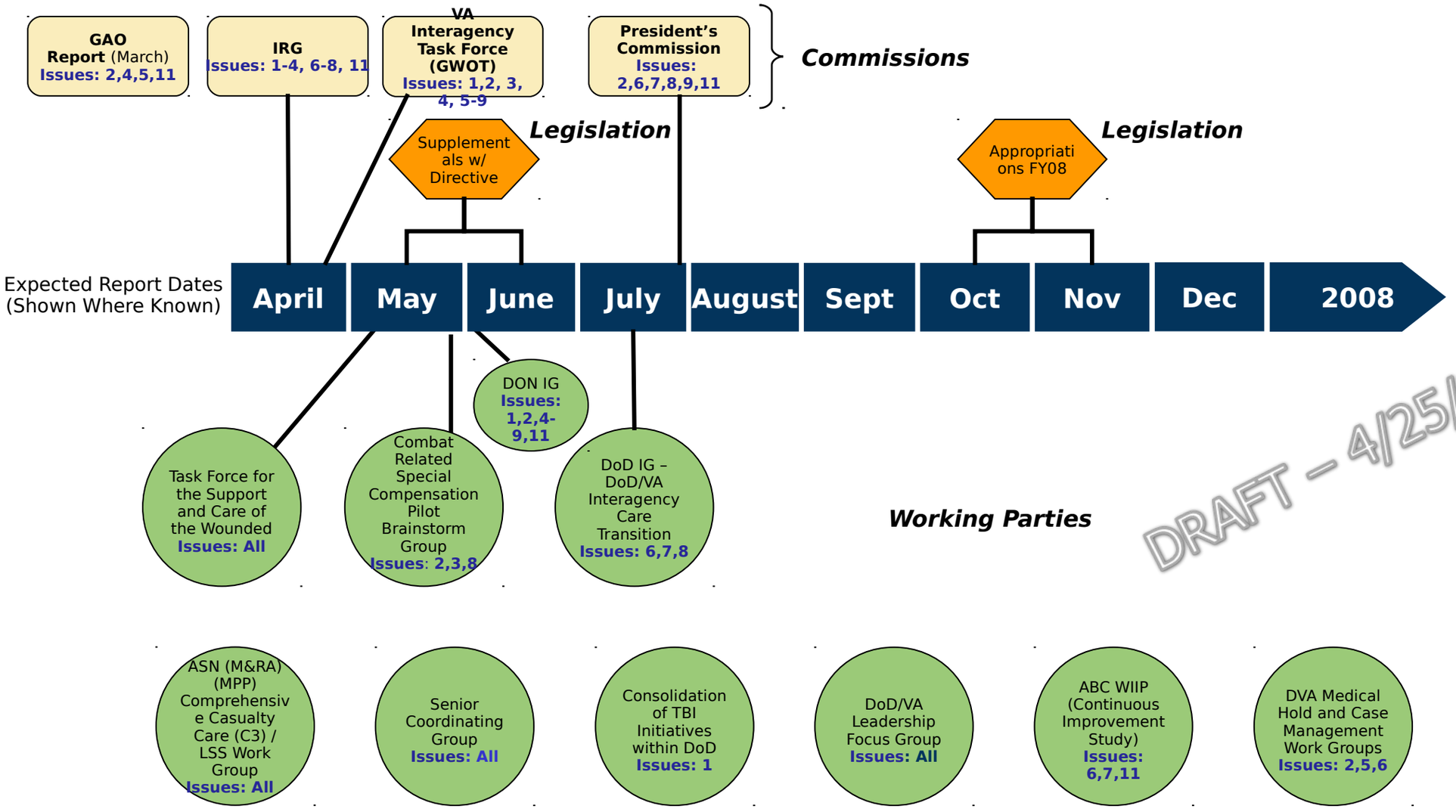


Priority Issues:

1. 100% capture of TBI/PTSD or other injuries
2. Medical case management within and across facilities
3. Differences in disability ratings and benefits between PEB & VA
4. Compliance and effectiveness of post-deployment screening
5. Sharing/access for medical records/patient status across organizations
6. Consistency and quality of separation/disability support & counseling
7. Policies, processes and tools for effective member and family support
8. Family case management within and across facilities
9. Effective coordination of public/private sector support and knowledge sharing
10. Medical recruitment, retention, Mil-Civ conversion, end-strength reduction
11. Reliable and consistent pay

Comprehensive Casualty Care Commissions, Working Groups and Legislation

Draft


GAO Report (March) Issues: 2,4,5,11
IRG Issues: 1-4, 6-8, 11
VA Interagency Task Force (GWOT) Issues: 1,2, 3, 4, 5-9
President's Commission Issues: 2,6,7,8,9,11
Commissions
Supplementals w/ Directive
Legislation
Appropriations FY08
Legislation
Expected Report Dates (Shown Where Known)
April
May
June
July
August
Sept
Oct
Nov
Dec
2008
Task Force for the Support and Care of the Wounded Issues: All
Combat Related Special Compensation Pilot Brainstorm Group Issues: 2,3,8
DON IG Issues: 1,2,4-9,11
DoD IG – DoD/VA Interagency Care Transition Issues: 6,7,8
Working Parties
ASN (M&RA) (MPP) Comprehensive Casualty Care (C3) / LSS Work Group Issues: All
Senior Coordinating Group Issues: All
Consolidation of TBI Initiatives within DoD Issues: 1
DoD/VA Leadership Focus Group Issues: All
ABC WIIP (Continuous Improvement Study) Issues: 6,7,11
DVA Medical Hold and Case Management Work Groups Issues: 2,5,6

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DON Comprehensive Casualty Care Priority Issues Crosswalk to IRG and VA Recommendations

Draft

Priority Issues	Description	IRG Recommendations (summarized)	VA Task Force Recommendations (P = process; O = outreach)
1. 100% capture of TBI/PTSD or other injuries	Early diagnosis of injury is important to effective treatment. Processes and supporting tools for diagnosis of injuries (including brain and psychological) are key enablers	◆ Develop and implement functional/cognitive measurements upon entry to military service for all recruits ◆ Implementation of training for interpreters of screening tools to recognize potential cases of TBI and PTSD and cognitive remediation for service members ◆ Comprehensive and universal clinical practice guidelines and coding for blast injuries and TBI with PTSD overlay ◆ Develop policy requirement for recording 'exposure to blasts' in patient records ◆ Develop coding guidelines for TBI and disseminate MHS system-wide. This is an interim measure until updates in the International Classification of Diseases and Diagnostic and Statistical Manual of Mental Health Disorders occur ◆ Commence cognitive remediation for service members experiencing any decreases in cognitive ability, from their baseline, occurring during their service ◆ Ensure behavioral specialists are assigned to the Medical Hold and Medical Holdover Companies to meet the needs of members with TBI and PTSD	◆ Screen all veterans of the Global War on Terrorism for TBI (P-9)
2. Medical case management within and across facilities	Ensuring consistent and continuous ownership of member's medical treatment end-to-end regardless of treatment facility – single point of contact principle	◆ Train case managers in line with guidance in DoD TMA Medical Management Guide ◆ Assign a single, primary care physician and case manager as basic unit of support to every returning casualty ◆ ASD (HA) should provide resources to staff and train case managers at all MTFs in accordance with DoD guidelines ◆ Establish a platoon sergeant to patient ratio sufficient to provide required supervision, tracking of appointments, and leadership to the Medical Hold and Medical Holdover Cadre	◆ Develop a system of co-management and case management (P-2) ◆ Develop memorandum of understanding (MOU) and Agreement for VA liaisons at military treatment facilities (P-8)
3. Differences in disability ratings and benefits between PEB & VA	Processes differences between PEB & VA result in different assessment of disability and consequently benefits for the same case - can be confusing to members	◆ Recommend to Congress to amend Title 10 US Code, Chap 61, Title 38 to allow the 'fitness for duty' determination to be adjudicated by the DoD and the disability rating to be adjudicated by the Dept of VA ◆ Joint VA/DoD DES. Utilize one disability rating system that remains flexible to evolve and be updated as trends in injuries and support medical documentation/treatment necessitate	◆ Develop a joint process for Disability Determinations (P-1)
4. Compliance and effectiveness of post-deployment screening	Early diagnosis of injury is important to effective treatment. Ensuring timely (compliance) and effective health assessments prior to and after deployment is an important factor.	◆ Bring service members back on active duty status for a Post-Deployment Health Reassessment and an evaluation by a medical professional 6 months post demobilization ◆ Functional/cognitive measurements and screening should be developed and implemented on the post-deployment assessment and re-assessment	
5. Sharing/access for medical records/ patient status across organizations	Effective care depends on ensuring full medical information is recorded, retained and available wherever needed		◆ Improve VA access to health records of service members treated in VA health care facilities (P-4) ◆ Enhance VA computerized patient record system (P-3) ◆ Create an embedded fragment surveillance center and registry (P-7)
6. Consistency and quality of separation/disability support & counseling	Ensuring there are enough, fully-trained specialists in separation/disability counseling to support member needs	◆ Direct the transition process be streamlined for the service member separating from the DoD and entering the VA ◆ Implement one single physical exam ◆ Eliminate redundant efforts between the VA and DoD ◆ The availability of health care services to the RC should continue to improve ◆ Initiate a thorough review of post-service RC health care and develop systems and policies that assure quality care is delivered for service connected illnesses and injuries ◆ Review and update applicable directives to ensure there is no distinction in the care management and disability processing of Active Component and Reserve Component service members ◆ Update the DES to reflect the loss of function due to burn injury, similar to that of an amputee ◆ Completely overhaul the DES to include changes in US Code, DoD policies and Service regulations. Goal = one integrated solution ◆ Quickly promulgate regulatory guidelines and policies to the Service Secretaries as soon as changes to the US Code are made ◆ Conduct a quality assurance review all DES (Army, AF, Navy, Marines) decisions of 0, 10 or 20 percent	◆ Extend vocational rehabilitation evaluation determination time limit (P-11) ◆ Participate in Post-Deployment Health Reassessments (P-13) ◆ Increase attendance at TAP/DTAP sessions (O-1) ◆ Develop financial aid education module (O-6)

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DON Comprehensive Casualty Care Priority Issues Crosswalk to IRG and VA Recommendations (cont.)

Draft

Priority Issues	Description	IRG Recommendations (summarized)	VA Task Force Recommendations (P = process; O = outreach)
7 Policies, processes, and tools for effective member & family support	Ensuring the that case managers have and are trained in the best possible tools and processes with which to support members and their families	◆ Ensure a manpower standard is developed for the safe and effective operation of the Medical Hold and Holdover companies and brigades ◆ Appropriate education should be provided to family members on their entitlements ◆ A family advocate should be assigned ◆ Patients should be relocated to receive continuing treatment close to their homes ◆ Review TRICARE regulations (CFR 199.17) and update specifically to change them so that the geographic home of the patient does not limit access to benefits for prosthetic care and treatment ◆ Ensure swift education on entitlement of benefits for family members of all wounded, injured, and ill service members in a Very Seriously Ill (VSI) and Seriously Ill (SI) category to include travel benefits, the process, and the assignment of a liaison to assist family ◆ Ensure a liaison officer is appointed to the family of the wounded, ill, or injured service member to facilitate local transportation, lodging, and any other benefits needed for supporting the family. Pattern this after that provided by the Marine Corps Liaison Office at National Naval Medical Center ◆ Leadership should survey patients and families to assess services and conditions of facilities	◆ Improve the electronic enrollment process (P-5) ◆ Use DoD military service information as part of VA's enrollment process (P-6) ◆ Expedite adapted housing and special home adaptation grants claims (P-12) ◆ Provide Department of Education educational assistance information (O-2) ◆ Integrate the "Hire Vets First" campaign into career fairs (O-3) ◆ Improve civilian workforce credentialing and certification (O-4) ◆ Train active duty, guard, and reserve on Uniformed Services Employment and Reemployment Rights Act (O-5) ◆ Develop a Wounded Veterans Intern Program (O-7) ◆ Expand access to the National Housing Locator (O-8) ◆ Provide outreach and education to community health centers (O-9) ◆ Expand OPM outreach efforts (O-10)
8 8. Family case management within and across facilities	Ensuring consistent and continuous ownership of member and family support-to-end– single point of contact principle	◆ Develop tri-service policy and regulatory guidelines for CM services to include identification of outcome criteria an establish measurements to assess compliance ◆ Define and conduct clear standards, qualifications, and training requirements (initial and recurring) for CM personnel	
9 Effective coordination or public/private sector support and knowledge sharing	Building an understanding of and partnerships with all the non-DOD and public activities that are available to provide support for members and their families	◆ Seek a center of excellence for TBI and PTSD, seeking support from the private sector where appropriate ◆ Pursue partnerships with Secretary of VA to provide treatment; promote education and research in prosthesis care, production, and amputee therapy ◆ Pursue a partnership with Secretary of VA to expand the Dept of VA existing program to allow patients to access the MHS and private prosthetic practitioners ◆ Continue to build on the success of the Community Based Health Care Organization (CBHCO) program and expand where possible. Encourage use of CBHCO by other Services	◆ Expand eligibility of PatriotExpress Loans (P-14)
10 10. Medical recruitment, retention, Mil-Civ conversion, end-strength reduction 11	Establishing the conditions to recruit, staff and retain high-quality medical/care professionals	◆ Medical hold and medical holdover cadre personnel should be appropriately staffed and trained ◆ Develop creative recruiting and compensation plans, including review of the Military Service Obligation ◆ Investigate and implement compensation plans to retain current staff. Seek Congressional authority to provide financial incentives for critically short and militarily required specialties as needed ◆ Investigate increasing the use of Health Professions Scholarship Program (HPSP) and Financial Assistance Program (FAP) to attract qualified candidates ◆ Ensure active duty behavioral health staff augment recruiting commands to attract qualified students to the military, e.g., visiting alma maters ◆ Seek Congressional authority to change the laws pertaining to service obligation for recruitment of new physicians ◆ Seek legislative relief from the archaic classification system that prevents paying competitive wages for nursing school graduates and other key hard-to-fill positions ◆ Review all statutory and regulatory guidance regarding military service obligations and grant and exception to policy for health care professionals ◆ Review the effectiveness of the Medical Hold and Medical Holdover Companies within 60 days of completing the recommendations and then take action to adjust staffing levels as the situation dictates ◆ Establish staffing guidelines for Medical Holding Cadres as recommended in the Army IG report	
11. Reliable and consistent pay and personnel	Timely and accurate execution of all pay/ personnel transactions associated with CCC	◆ Urgently review the Traumatic SGLI (TSGLI) to ensure that coverage is expanded to include the full spectrum of TBI and PTSD	

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